

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4003-10702

First Inventor Robert J. South

Title METHOD FOR MAKING A QUILT

Express Mail Label No. EV 333399592 US

U.S. PTO
10/112468

111303

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Arlington VA 22313-1450

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 20] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]</p> <p>5. Oath and Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>
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ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of *(when there is an assignee)* Attorney
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: Copy of Petition for Extension of Time filed in parent Application Serial No. 09/873,597

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-Part (CIP) of prior application No.: 09/873,597
Prior application information: Examiner Jennifer A. Boyd Group/Art Unit: 1771

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number of Bar Code Label	30652	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Albert C. Metrailler	
Signature		
		Date: November 13, 2003

111303

15866 U.S.P.T.O.

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FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **\$ 878.00**

Complete if Known	
Application Number	New Application
Filing Date	Currently herewith
First Named Inventor	Robert J. South
Examiner Name	Not Assigned
Art Unit	Not Assigned
Attorney Docket No.	4003-10702

METHOD OF PAYMENT (Check all that apply)
 Check Credit Card Money Other None Order
 Deposit Account:Deposit Account Number: 50-1515
Deposit Account Name: Conley Rose, P.C.**The Director is authorized to: (check all that apply)**
 Charge fee(s) indicated below
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
 Credit any overpayments
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)					
1001 770	2001 385	Utility filing Fee			\$	
1002 340	2002 170	Design filing fee			\$	
1003 530	2003 265	Plant filing fee			\$	
1004 770	2004 385	Reissue filing fee			\$	
1005 160	2005 80	Provisional filing fee			\$	

SUBTOTAL (1) \$ 770.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	26	- 20** = 6	x 18.00	= \$ 108.00
Independent	3	- 3** = 0	x 86.00	= \$.00
Claims				
Multiple Dependent			290.00	= \$ 0.00

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)				
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent Claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) \$ 108.00

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)					
1051 130	2051 65	Surcharge - late filing fee or oath			\$	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			\$	
1053 130	1053 130	Non-English specification			\$	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination			\$	
18042 920*	1804 920*	Requesting publication of SIR prior to Examiner action			\$	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			\$	
1251 110	2251 55	Extension for reply within first month			\$	
1252 420	2252 210	Extension for reply within second month			\$	
1253 950	2253 475	Extension for reply within third month			\$	
1254 1,480	2254 740	Extension for reply within fourth month			\$	
1255 2,010	2255 1,005	Extension for reply within fifth month			\$	
1401 330	2401 165	Notice of Appeal			\$	
1402 330	2402 165	Filing a brief in support of an appeal			\$	
1403 280	2403 140	Request for oral hearing			\$	
1451 1,510	1452 1,510	Petition to institute a public use proceeding			\$	
1452 110	2452 55	Petition to revive - unavoidable			\$	
1453 1,330	2453 665	Petition to revive - unintentional			\$	
1501 1,330	2501 665	Utility issue fee (or reissue)			\$	
1502 480	2502 240	Design issue fee			\$	
1503 640	2503 320	Plant issue fee			\$	
1460 130	1460 130	Petitions to the Commissioner			\$	
1807 50	1806 50	Processing fee under 37 CFR 1.17(g)			\$	
123 50	123 50	Petitions related to provisional applications			\$	
1806 180	1806 180	Submission of Information Disclosure Stmt			\$	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			\$	
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))			\$	
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))			\$	
1801 770	2801 385	Request for Continued Examination (RCE)			\$	
1802 900	1802 900	Request for expedited examination of a design application			\$	
Other fee (specify)						

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$.00

Complete (if applicable)

Name (Print/Type)	Albert C. Metrailler	Registration No. (Attorney/Agent)	27,145	Telephone	(972) 731-2288
Signature	<i>Albert C. Metrailler</i>			Date	November 13, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 4003-10700 (STT/29)												
<table border="1"> <tr> <td colspan="3">In re Application of Robert J. South</td> </tr> <tr> <td colspan="2">Application Number 09/873,597</td> <td>Filed 6/04/2001</td> </tr> <tr> <td colspan="3">For Fusible Non-woven Fibrous Seb</td> </tr> <tr> <td>Art Unit 1771</td> <td colspan="2">Examiner Jennifer A. Boyd</td> </tr> </table>			In re Application of Robert J. South			Application Number 09/873,597		Filed 6/04/2001	For Fusible Non-woven Fibrous Seb			Art Unit 1771	Examiner Jennifer A. Boyd	
In re Application of Robert J. South														
Application Number 09/873,597		Filed 6/04/2001												
For Fusible Non-woven Fibrous Seb														
Art Unit 1771	Examiner Jennifer A. Boyd													

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1515.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 27,145
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11-13-2003
972-731-2280
Albert C. Metrailler

Telephone Number


Signature

Albert C. Metrailler

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of One (1) forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.